

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K01538 (3)

1. Corporation Name
ICA CONSTRUCTION CORPORATION



Principal Place of Business 2655 LEJEUNE ROAD STE 1000 CORAL GABLES FL 33134 US	Mailing Address 2655 LEJEUNE ROAD STE 1000 CORAL GABLES FL 33134-5873 US
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3. Date Incorporated or Qualified 11/09/1987	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29	30
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4. FEI Number 65-0071720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MALE, MICHAEL H.
 3250 MARY ST
 SUITE 303
 MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	ESPELETA, ALFONSO
STREET ADDRESS	2655 LE JEUNE RD #908
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VAST <input checked="" type="checkbox"/> DELETE
NAME	INDERBITZIN, ERNESTO
STREET ADDRESS	2655 LE JEUNE RD #908
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VST <input checked="" type="checkbox"/> DELETE
NAME	SALVOCH, MANUEL
STREET ADDRESS	2655 LE JEUNE RD #908
CITY-ST-ZIP	CORAL GABLES FL
TITLE	V <input type="checkbox"/> DELETE
NAME	GUERRERO, JOSE L
STREET ADDRESS	2655 LE JEUNE RD #908
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VAST <input checked="" type="checkbox"/> DELETE
NAME	VALLES, RODOLFO
STREET ADDRESS	2655 LE JEUNE RD #908
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VAS <input type="checkbox"/> DELETE
NAME	SERINA, QUIRICO
STREET ADDRESS	2655 LEJEUNE RD, 908
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Suite 1000
1.4 CITY-ST-ZIP	
2.1 TITLE	D,P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Baena, Enrique O.
2.3 STREET ADDRESS	2655 LeJeune Rd., Suite 1000
2.4 CITY-ST-ZIP	Coral Gables, FL 33134
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Montano, Sergio
3.3 STREET ADDRESS	2655 LeJeune Rd., Suite 1000
3.4 CITY-ST-ZIP	Coral Gables, FL 33134
4.1 TITLE	D,V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Suite 1000
4.4 CITY-ST-ZIP	Coral Gables, FL 33134
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Zarate, Luis
5.3 STREET ADDRESS	2655 LeJeune Rd., Ste. 1000
5.4 CITY-ST-ZIP	Coral Gables, FL 33134
6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Suite 1000
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **4/25/97** DAYTIME PHONE #: **(305) 442-0427**

CR2E034 (9/96)

ICA CONSTRUCTION CORPORATION
FED ID #: 65-0071720

Addition
Title: V
Sanchez, Manuel
2655 LeJeune Rd., Suite 1000
Coral Gables, FL 33134

Addition
Title: V,T
Nava, Santos
2655 LeJeune Rd., Suite 1000
Coral Gables, FI 33134

Addition
Title: V, AS
Marin, Ernesto
2655 LeJeune Rd., Suite 1000
Coral Gables, FL 33134

Addition
Title: V,AS
Canseco, Hector A.
2655 LeJeune Rd., Suite 1000
Coral Gables, FL 33134

Addition
Title: S
Whitaker, Ofelia
2655 LeJeune Rd., Suite 1000
Coral Gables, FI 3134